469575

	(Requestor's Name)		
	(Address)	_	
	(Address)		
,	(City/State/Zip/Phone #)	•	
PICK-U	P WAIT	MAIL	
	(Business Entity Name)		
	(Document Number)		
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			
	`		

Office Use Only



900255867459

01/28/14--01010--004 **35.00

44:2-1-14

Mar When 4

COVER LETTER

TO: Amendment Section

Division of Corporations				
SUBJECT: ALTICULSE OF	Corporation Dissolution			
DOCUMENT NUMBER: 46	9575			
The enclosed Articles of Dissolution and fe	e are submitted for filing.			
Please return all correspondence concerning	this matter to the following:			
JAmes W Hi	Contact Person)			
H+H TNOUSTRIES	TO INC			
•	/Company)			
PO BOX 82201	dress)			
SAN VIEGO CA, 92138 (City/State and Zip Code) For further information concerning this matter, please call:				
Name of Contact Person)	at (<u>619</u>) <u>921 - 1122</u> (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amour	nt:			
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)			
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	HOH INDUSTRIES LTO INC
SECOND:	The document number of the corporation (if known): 469 5 75
THIRD:	The date dissolution was authorized:
¢.	Effective date of dissolution if applicable: 211/2014 (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	☐ Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	Signature: (By a diffeoir president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Tames w Hind (Typed or printed name of person signing) President & Theoduser
	(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unk against this corporation as provided in s. 607.1407, F.S.	nown claims
This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary disso	lution.
Name of Corporation: H+H TWPUSTRIES 2TD INC	
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.	
Description of information that must be included in a claim:	
ALL PENTINANT INFORMATION AND DO CHMENTED	-Jav
	<u> </u>
	,
· · · · · · · · · · · · · · · · · · ·	ÇK _{in} *
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Po Bot 82201	
SAN Diago	
CA 92138	
ATTN: JW HIND	
A claim against the above named corporation will be barred unless a proceeding to enforce the claim within 4 years after the filing of this notice.	n is commenced
Tames w 14:NP Printed Name of the Person Filing Bignature of the Person Filing	ng